

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 10-069215	FILING DATE		
								APPLICANT(S)			
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51			
2								52			
3								53			
4								54			
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44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.			3					TOTAL IND.			
TOTAL DEP.			8					TOTAL DEP.			
TOTAL CLAIMS								TOTAL CLAIMS			